

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

C6066

Reg. Dist. No. 202

1. PLACE OF DEATH:

County

Kent
Chestertown - Rural Pomona

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

50 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel Nelson Bass

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

married

6. (b) Name of husband or wife

Mary E. Bass

7. Birth date of deceased (mo., day, yr.)

about 1861

6. (c) If alive, give age years

8. AGE:

Years
85Months
-Days
-

If less than one day

hrs.
.min.
.

9. Birthplace

King William Co., Va.

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

farm

12. Name

unknown

13. Birthplace

" "

MOTHER FATHER

14. Maiden name

unknown

15. Birthplace

" "

16. Informant

Mary E. Bass (wife)

Address
Chestertown, Md., P. O. P.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof
June 11 - 1946

(month) (day) (year)

Cemetery or crematory

Pomona Cemetery

Location

Quaker Neck

18. Funeral director

SBURV HENRY

Address

CHESTERTOWN, MD

19. Date rec'd by registrar

June 9 1946

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Kent

City or town

Pomona

- Chestertown

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 9

1946, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 25 1946 to June 9 1946

and that I last saw him alive on June 7 1946

Immediate cause of death

Astro sclews

DURATION

Due to

Age

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. G. Simpkins

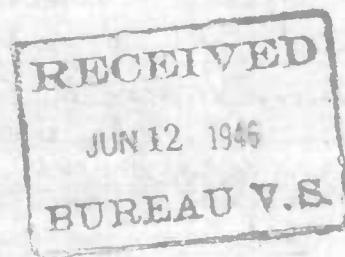
M. D. or other

Address

Chesterlown

Date signed

6-9-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

Burgard

66067

Reg. Diat. No. 201

1. PLACE OF DEATH:

County.....

Present

City or town.....

Coleman's Mortar and Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

8 years

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution?.....

3. (a) FULL NAME

Arrie Butler

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife.....

Henry Butler

7. Birth date of deceased (mo., day, yr.).....

June 7 1890

6. (c) If alive, give age..... 66 years

8. AGE: Years _____ Months _____ Days _____ If less than one day

56 8 8 hrs. min.

9. Birthplace.....

Coleman's Rural Mortar and Mortar Md.

(Town, county, and state)

10. Usual occupation.....

Cook

11. Industry or business.....

Cooking

12. Name.....

Perry Brockert

13. Birthplace.....

Coleman's Rural Mortar and Mortar Md.

14. Maiden name.....

Mary Jones

15. Birthplace.....

Coleman's Rural Mortar and Mortar Md.

16. Informant.....

Henry Butler

Address.....

Mortar and Rural Coleman's

17. Burial.....

Date thereof..... June 18 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Coleman's Rural Mortar and Mortar Md.

Location.....

Coleman's

18. Funeral director.....

J. R. Fellows

Address.....

Still Land and

19. Date rec'd by registrar.....

June 18 1946

(Date rec'd by registrar)

J. W. Clark

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County..... Kent

City or town.....

Rural Mortar and Mortar Md.

Street No.....

Coleman's Mortar and Mortar Md.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 15 1946 at 4 A.M.

June 1946, to June 15 1946

and that I last saw her alive on June 14 1946.

Immediate cause of death.....

Pericarditis - myocarditis
Secondary hypertension

Due to.....

Hypertension

Due to.....

arteriosclerosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Albert A. Burgard M. D. or other

Address..... Rockwell, Md. Date signed 9/17/46

RECEIVED

JUN 20 1966

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

06068

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County KentCity or town Chestertown, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Worrell Joseph Harris

4. Sex

5. Color or race colored 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife none7. Birth date of deceased (mo., day, yr.) March 5, 1930 6. (c) If alive, give age _____ years8. AGE: Years 16 Months 3 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Kent County - near Chestertown
(Town, county, and state)10. Usual occupation Student at High School

11. Industry or business

12. Name Wesley Harris13. Birthplace Kent County14. Maiden name Gertreude Wallace15. Birthplace Kent County16. Informant Elizabeth J. BradshawAddress Chestertown, Md. Sister17. Burial Date thereof June 15, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Quaker NeckLocation Pomona Kent Co. Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.19. June 13, 1946 Clara S. Barnes
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County KentCity or town Chestertown, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 194621. I CERTIFY that death occurred on the date above stated; that I attended deceased from and not attending a religious service and saw and signed certificate as immediate cause of death harm and cause of death harmDue to harmDue to harm

Other conditions _____

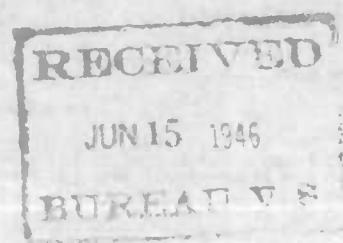
(Include pregnancy within 3 months of death)

Major findings of operations harm Date of op. _____Autopsy results harm

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide harm Date of harmWhere did injury occur? harm (City or town) harm (County) harm (State)Injured at home, farm, industry, public place (where?) harmMeans of injury harm Injured at work? noDied harm m/s harm m/s harm m/s23. Signature Clara S. Barnes M. D. or other harm Date signed 6/13/46Address harm



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

06069 203
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

life

Hospital, Institution, or street address where death occurred.

How long in hospital or institution?.....

3. (a) FULL NAME

Bertha Eliza Hersch

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

fem

wh.

married

8. (b) Name of husband or wife.....

Reynard Herock

7. Birth date of deceased (mo., day, yr.)

July 17 1888

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

57

10

21

hrs.

min.

9. Birthplace.....

Rock Hall, Md.

(Town, county, and state)

10. Usual occupation.....

house

11. Industry or business

own home

MOTHER FATHER

12. Name.....

Alfred A. Herock

13. Birthplace

Kent Co., Md.

14. Maiden name.....

Mary Eliza Cooper

15. Birthplace

Rock Hall, Maryland

16. Informant.....

Ragna Hersch

Address

Rock Hall, Md.

17. Burial

Date thereof.....

6/10/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Wesley Chapel

Location

Rock Hall, Maryland

18. Funeral director

J. F. W. Williams

Address

Chesterfield, Ind.

19. (Date rec'd by registrar)

19. 6/10 1946 S. Elwood Burgess

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Kent

City or town.....

Rock Hall, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Edesville

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 7

1946

at 12 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

aug

1944

to

June 7 1946

and that I last saw h.....

er

alive on

6/6

1946

Immediate cause of death.....

carcinoma of breast

DURATION

Due to.....

metastasis - lungs, spine

a.p.d.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

ca. breast

Date of op.

left 46

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

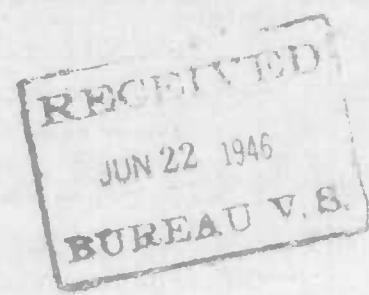
Albert Burgess

M. D. or other

Address.....

Rock Hall, Md.

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1950

CERTIFICATE OF DEATH

96970

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent
County.....

City or town..... Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Ralph Hewitt

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6. (b) Name of husband or wife..... none

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1922

6. (c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
24	4	7	hrs. min.

9. Birthplace..... Kent Co. Maryland
(Town, county, and state)

10. Usual occupation..... Powder plant

11. Industry or business.....

12. Name..... Richard T. Hewitt
13. Birthplace..... Maryland

14. Maiden name..... Mary J. Powell (Hewitt)

15. Birthplace..... Maryland

16. Informant..... Mr. Richard T. Hewitt (Father)

Address..... Worton Kent Co. Maryland

17. Burial..... Date thereof..... June 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Church Hill Cem.

Location..... Queen Anne Co. Maryland

18. Funeral director..... J. Willis Wells

Address..... Chestertown, Md.

19. Date rec'd by registrar..... June 3, 1946
Registrar..... Charles Barnes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Worton
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

215-12-6776

MEDICAL CERTIFICATION

June 1, 1946

19..... at..... 8.05 A

21. I CERTIFY that death occurred on the date above stated; that deceased from
Did not attend Investigated death
Signed certificate as Deputy Med. Exam.
and that I last saw h..... alive on

Immediate cause of death.....

Burns Deep Laceration Neck

Due to..... Explosion of Powder house
Also had mangling of both legs

Due to..... Deep Laceration Hip

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... None
Date of op.....

Autopsy results..... None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of..... June 1, 1946

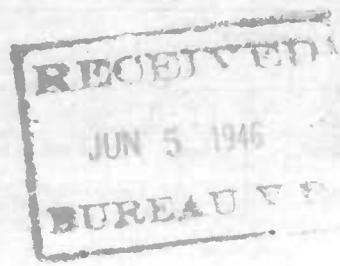
Where did injury occur?..... Chestertown Kent Co. Md.
(City or town) (County)

Injured at home, farm, industry, public place (where?)..... Kent Mfr. Co.

Means of injury..... Powder Explosion
Injured at work?..... yes

23. SIGNATURE..... Charles Barnes
Address..... Chestertown Md.

M. D. or other..... Date signed..... 6/1/46



RECEIVED

JUN 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *92d*

CERTIFICATE OF DEATH

06072 03
Reg. Dist. No. *2*

1. PLACE OF DEATH:

County

Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all life

Hospital, institution, or street address where death occurred:

(Haven)

How long in hospital or institution?

3. (a) FULL NAME

Joseph S. Hyman

4. Sex

M W Married

6. (b) Name of husband or wife

Jess M. Hyman

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 52 years

April 9 1874

8. AGE:

Years Months Days If less than one day

72

1

23

hrs.

min.

9. Birthplace

Rock Hall - Kent Co. Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

Joseph Hyman

Rock Hall - Maryland

12. Name

13. Birthplace

Sarah Anna Ayer

14. Maiden name

15. Birthplace

Rock Hall - Maryland

16. Informant

Address

Mrs Jess M. Hyman

Rock Hall, Maryland

17. Burial

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof

(month) (day) (year)

Wesley Chapel

Rock Hall, Maryland

Mann V. Williamson

Chesterlin, Maryland

8 Elwood Avenue

Registrar

Date signed

6/2/46

M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

11nt

City or town

Rock Hall

11nt

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2 1946 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21 1946 to June 2 1946

and that I last saw him alive on 6-1

Immediate cause of death

Crown Pseudo 31 year old

Deceased - Adhesive - 5 to 6 years of age

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (Where?)

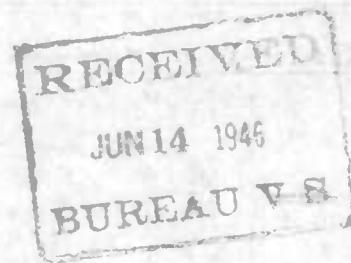
Means of injury Injured at work?

23. SIGNATURE

Albert A. Burgard

M. D. or other

Address Rock Hall, Md. Date signed 6/2/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

207

CERTIFICATE OF DEATH

66073

203

Reg. Dist. No.

1. PLACE OF DEATH:

County

Kent

City or town

Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella Judelius

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

fem.

Wh.

married

B. (b) Name of husband or wife

Joseph Judelius

6. (c) If alive, give age 82 years

7. Birth date of deceased (mo. day, yr.)

March 9 1868

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Rock Hall, Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

own house

MOTHER FATHER

12. Name

John V. Colleman

13. Birthplace

Kent Co, Md

14. Maiden name

Julia Benton

15. Birthplace

Kent Co, Md

16. Informant

Jos. Judelius

Address

Rock Hall, Md.

17. Burial

Date thereof July 1 1946

(Burial, cremation, or removal. Which?)

Cemetery or mortuary

Wesley Chapel

Location

Rock Hall, Md

18. Funeral director

Edgar L. Lane

Addressee

Leland Hill Md

19. Date rec'd by registrar

6/29. 1946

Silvert B. Ingalls

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Kent

City or town

Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 28 1946 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 1946 to June 28 1946

and that I last saw h.c. alive on 6-28 1946

Immediate cause of death

chron. endo-hypocarditis

decompensata

Due to

Hypertension

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

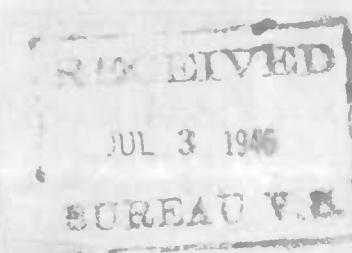
Albert A. Burgard

M. D. brother

Address

Rock Hall, Md

Date signed 6/29/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

408

CERTIFICATE OF DEATH

66074
Reg. Dist. No.

201

1. PLACE OF DEATH:

County

West Park

City or town

Lynch

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

13 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Daisy Estelle Kendall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

Ellwood Kendall

7. Birth date of

deceased (mo., day, yr.)

November 24 - 1878

6. (c) If alive, give age

72 years

years

years

years

years

years

8. AGE:

Years

Months

Days

If less than one day

67

6

6

hrs.

min.

9. Birthplace

(Town, county, and state)

Rock Hall Md

10. Usual occupation

Housework

11. Industry or business

Housework

12. Name

Mother

Father

Name

Birthplace

Maiden name

Birthplace

Name

RECEIVED

JUN 20 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

06675

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: *Kent*

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *4 months*Hospital, Institution, or street address where death occurred: *Kent County Queen Anne's Hospital*How long in hospital or Institution? *4 months*

3. (a) FULL NAME

Ann Isobel Knapp

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Female**White**Widowed*

6.(b) Name of husband or wife.....

Louis R. Knapp

7. Birth date of deceased (mo., day, yr.)

JANUARY 19, 1862

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

84

4

20

hrs.

min.

9. Birthplace.....

Starlight, Penn

(Town, county, and state)

10. Usual occupation.....

Practical nurse - housewife

11. Industry or business

MOTHER FATHER

12. Name..... *Jonas A. Pitcher*

13. Birthplace

Red Hook, New York

MOTHER

14. Maiden name..... *Mary Rando*

15. Birthplace

Stockport, Penn

16. Informant.....

Hosp. Records

Address

Chestertown, Md.

Burial

(Burial, cremation, or removal. Which?)

Date thereof..... *June 11 1946*
(month) (day) (year)

Cemetery or crematory.....

Pineywood Cemetery

Location.....

Hancock, N.Y. (Alaman Co.)

18. Funeral director.....

Marvin V. Williams

Address

Chestertown, Md.

June 9, 1946

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland*

County.....

Kent

City or town.....

Glen

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *June 8 1946* at..... *11:00 P.M.*

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

JANUARY 25 1946 to..... *JUNE 8 1946*and that I last saw her..... alive on..... *JUNE 8 1946*

Immediate cause of death.....

Senility

Due to.....

Due to.....

Other conditions..... *Fractured hip*

4 MONTHS

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... *Accident* Date of..... *1-20-46*Where did injury occur?..... *Kentmore Park* (City or town) *Kent* (County) *Md.* (State)Injured at home, farm, industry, public place (where?)..... *Home*Means of injury..... *Fell while undressing* Injured at work?..... *No*

23. SIGNATURE.....

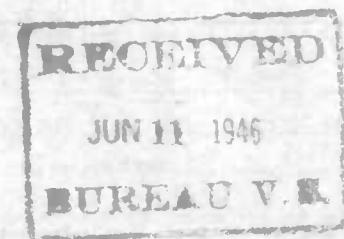
A.C. Dick, M.D.

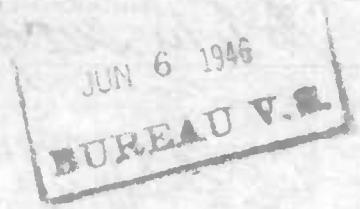
M. D. or other

Address..... *Chestertown, Md.* Date signed..... *6-8-46*

RECEIVED FROM THE NATIONAL ARCHIVES

RECEIVED BY THE GOVERNMENT





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No. 201

06077

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

72 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age

years

8. AGE:

Years Months Days If less than one day

72

3

20

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. Date record by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-01-8800

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 28 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that the deceased from

June 1 1946 to June 27 1946

and that I last saw him alive on June 27 1946

Immediate cause of death

Nephritis

DURATION

Due to

Arteriosclerosis

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Hypertension

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



Mr Clark

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

66078

Reg. Dist. No. 202

1. PLACE OF DEATH:

County

Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex: Female | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Anna P. Smith

7. Birth date of deceased (mo., day, yr.): December 17 - 1874

8. AGE: 71 Years 5 Months 29 Days | It less than one day: . hrs. . min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Thomas Green

12. Name of mother: Thomas Green

13. Birthplace: Baltimore

14. Maiden name: Anna Redmond

15. Birthplace: Baltimore

16. Informant: C. C. Smith

Address: Chestertown

17. Burial: Date thereof: June 18, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Chester Cem

Location: Chestertown, Md.

18. Funeral director: J. Willis Wells

Address: Chestertown, Md.

19. Date rec'd by registrar: June 17, 1946

Signature: Clara S. Barnes, Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland | County: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16, 1946, at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to June 16, 1946, and that I last saw her alive on June 15, 1946.

Immediate cause of death: coronary thrombosis sudden

Due to: coronary thrombosis sudden

Due to: coronary thrombosis sudden

Other conditions: coronary thrombosis sudden

Other conditions: coronary thrombosis sudden

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

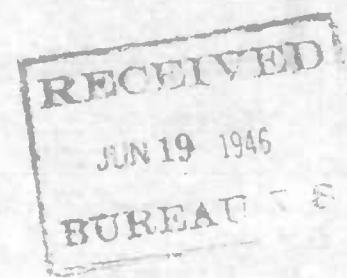
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank W. Smith, M. D. or other

Address: Chestertown Date signed: June 16, 1946



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1802

CERTIFICATE OF DEATH

Reg. Dist. No. 302

06079

1. PLACE OF DEATH:

County

City or town

Kent

Chestertown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kent and Queen Anne's Hospital

How long in hospital or institution?

50 days

3. (a) FULL NAME

Fannie E Stuart

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE

White

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

78

2

30

hrs.

min.

9. Birthplace

Chestertown, Kent Co., Maryland

(Town, county, and state)

10. Usual occupation

Retired School teacher

11. Industry or business

A. M. Stuart

MOTHER FATHER

12. Name

Millington, Maryland

13. Birthplace

Martha W. Raven

MOTHER

14. Maiden name

Delaware

15. Birthplace

Hospital Records

16. Informant

Address

Chestertown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Chestertown Cem.

Location

Chestertown, Md.

18. Funeral director

Address

Chestertown, Md.

19. June 3 1946

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Kent

City or town

Chestertown

Street No.

204 N Queen Street

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2 1946 at 2:04 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13 1946 to June 2 1946

and that I last saw her alive on June 1 1946

Immediate cause of death

Coronary thrombosis

DURATION

14 hours

Due to Patient accidentally fell, trying to avoid being run into by a little girl

Due to on a bicycle

Other conditions Fracture left hip

Due to accidental fall, surgery

(Include pregnancy within 8 months of death)

Major findings of operations Fractured left hip

Date of op. 4-16-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of April 13th 1946

Where did injury occur Chestertown Kent (City or town) (State)

Injured at home, farm, industry, public place (where) in public place

Means of injury Accidental fall

Injured at work?

23. SIGNATURE

A. C. Dick, M.D.

M. D. or other

Address Chestertown, Md Date signed 6-2-46

